INDIVIDUAL RETURN DUE APRIL 30, 2016

Taxpayer's SSN		Taxpayer's first name	2	Initia		RESIDENCE STATUS								
raxpayer 3 C	014	Taxpayer's first name Initial Last name								ESIDENC				
										Resident		t-vear dent		
Spouse's SS	N	If joint return spouse's first name Initial Last name								-vear resident -	dates of residency (mm/dd/yyyy	v)		
									From			<u>~</u>		
Mark (X) box	if deceased	Present home address (Number and street) Apt. no.										-		
				,					<u> </u>		<b>T</b> 0	$\perp$		
Тахр									FI	LING STA	108			
	death on page 2, right	Address line 2 (P.O. Box address for mailing use only)								Single	Married filing jointly			
side of the si	gnature area									Marriad filing	annovately Enter annuals			
Mark box (X)	below if form attached	City, town or post off	ice			State Zip code					separately. Enter spouse's se's SSN box and Spouse's full			
	ral Form 1310									name here.				
	iai i oiiii 1310	Foreign country nam	Foreign n	rovince/county Foreign po			notal anda							
Supr	orting Notes and	Foreign country name Foreign			province/county Foreign po			ustai code	I			_		
	ments (Attachment 22)								,	Spouse's full na	me if married filing separately			
	1110011	ALL FIGURES TO			Column A				Column	В	Column C			
	'	Orop amounts under \$ mounts from \$.50 to \$		Federal Return Data			Exclus	sions/Adju	ustments	Taxable Income				
	Wages, salaries, tips,		1			. (	.00		.00		.00			
ATTACH	Taxable interest		2				00		.00					
COPY OF														
PAGE 1 OF FEDERAL	Ordinary dividends			3				00		.00				
RETURN	<ol> <li>Taxable refunds, cred</li> </ol>	lits or offsets of state	and local income	taxes 4			.0	00		.00	NOT TAXABLE			
	<ol><li>Alimony received</li></ol>			5			.0	00		.00	.00			
	6. Business income or (I	loss) (Attach copy of f	ederal Schedule	C) 6			.0	00		.00		.00		
	Capital gain or (loss)													
	<ol> <li>(Attach copy of fed. S)</li> </ol>	Sch. D) 7a. Mark if federal Sch. D not requi						00		.00		.00		
	9 Other gains or (leases							00		.00				
	8. Other gains or (losses			8						.00.				
	Taxable IRA distribution			9				00		.00		.00		
	Taxable pensions and	d annuities (Attach cop	by of Form(s) 109	99-R) 10			.0	00		.00		.00		
		yalties, partnerships, S corporations, trusts, ederal Schedule E)												
	etc. (Attach copy of fe				11			00		.00		.00		
	12. Subchapter S corpora	ation distributions (Attach federal Sch. K-1)			12 NOT APPLICABLE					.00		.00		
	13. Farm income or (loss)	(Attach copy of fede	ral Schedule F)	13	.00					.00		.00		
ATTACH	` `		14						.00	NOT TAXABLE				
W-2 FORMS	14. Unemployment comp													
HERE	15. Social security benefit			15	.00					.00	NOT TAXABLE			
	16. Other income (Attach	statement listing type	and amount)	16	.00					.00		.00		
	17. Total addition:	s (Add lines 2 through	16)	17			.0	00		.00		.00		
	<ol> <li>Total income</li> </ol>	(Add lines 1 through 1	6)	00		.00		.00						
	<ol> <li>Total deduction</li> </ol>	19		.00										
	20. Total income		.00											
			20											
		Inter the total exempti Imber by \$600 and er	24.0	211		00								
			21a	21b 22		.00								
	22. Total income		.00											
	(N 23. Tax at {tax rate} ar													
	fro		.00											
	Payments	Lansing tax withheld	Other cr fwd,	tax payme partnersh	ents (est, e: ip & tax op	xtension, tion corp)	Cred to	it for tax paid another city		Γotal				
	24. and credits 24a			.00 24c .					payment 24d		.00			
	25. Interest and penalty for	or: failure to make								Γotal				
		estimated tax payments; underpayment of interest in the state of the s										.00		
ENCLOSE	estimated tax; or late	unt you owe (Add line		nd subtrac	et line 24)	.00 20				with 25c		.00		
CHECK OR	TAX DUE 26. MAK					ANSING.			_					
MONEY		AID ON LINE CREDIT	CARD/ELECTR	ONIC CHE	CK ENTE	R CONF #			RET	URN 26		.00		
ORDER	OVERPAYMENT	27. Tax overpay	ment (Subtract li	nes 23b aı	nd 25c fror	n line 24d;	choose over	payment option	s on lines 2	28 - 30) 27		.00		
	Amount of 28. overpayment	Police Problem Solv	Police Problem Solving Hope Scholarship Homeless Assistance Total donation											
	donated 28a	.00 28b 28c								28d		.00		
	29. Amount of overpayment credited forward to 2015 Amount of credit to 2015 >> 29													
	Amount of avergayment refunded (Line 27 less lines 28d and 20) (For refund to be directly denocited to													
	30. Amount of overpayment refunded (Line 27 less lines 28d and 29) (For refund to be directly deposited to your bank account, mark refund box, line 31a, and complete line 31 c, d & e)  Refund amount >> 30													
	Refund Routing													
	Direct deposit refund	31a	(direct deposit)	31c	number									
	31. (Mark (X) box 31a and		24.4	Account							†			
	complete lines 31c, 3 and 31e)	1d 31b	al) 31d	number										
	,			31e	Account T	ype:	31e1. 0	Checking		31e2.Savings				

EXEMPTIONS SCHEDULE 1s. To Tourne	L-1040, PAGE 2					Taxpaye	r's name	Taxpayer's SSN					15MI-LNS2									
SCHEDULE  15. Late Name  Late Name  Scenal Genuter Number  First Issues  First I	FXF	MPTIO	NS				Date of birth (mm/do	d/yyyy)		Regular	65 or ov	er	Blind	Deaf		Disable	d					
Secretary   Company   Co			ou	Date of Shar (minimally),						7						1e. Enter	1e. Enter the number of					
First Name   Last Name   Social Security Number   Relationship   Date of Bern   1   Fore number of degree or July 1   Fore Name   Social Security Number   Relationship   Date of Bern   1   Fore number of degree or July 1   Fore number or July 1   Fore nu	0011									1			ŀ									
September 1   September 1   September 2   September 2   September 3   September 3   September 3   September 3   September 4   Se	1d. L	ist Depende	ents	1c.	c	heck bo	x if you can be claime	ed as a dep	—∣ endent on an	other pers	on's tax re	⊣ turn			Į.		l	iiiloo	ra ana	15		
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The complete of the complete	1								Coolai Goodity Number 100				Date Date									
SECLUDED WAGES AND TAX WITHHELD SCHEDULE (See instructions, Resident wages generally not excursion and also on page 1, the 21st of the 21s	2.																	listed on line 1d				
September is listed on line to the list of	-																1g. Enter number of other					
EXCLUDED WAGES AND TAX WITHELD SCHEDULE (See instructions. Resident wages generally not excluded by the set is first and fig. from first han and allow on page 1, inc. 2 Inc. 1 Inc. 2 I	$\vdash$																					
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From W-2, box 3    From W-2, box 6    (estable boolsook valges son)		or S SO				JMBER EMPLOYER'S ID NUMBER			R EXCLUDED WAGES				FAILUI					_				
WILL DELY   O.0			(Foi	m V	/-2, box a)	)	(Form W-2, bo	ox b)	(Attach E	xcluded V					_	(For	m W-2,		(Fo	rm W-2, bo	x 20)	
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ACCEPTABLE  JOB ACCEPTABLE  JO	8.										.(	00						.00				
10   1   Totals (Enter here and on page 1; part-yr residents on Sch TC)	9.								(1(1)									.00				
DEDUCTIONS SCHEDULE (See instructions; deductions allocated on the same basis as related income)  DEDUCTIONS  1. IRA deduction (Attach copy of page 1 of federal return & evidence of payment)  1. S. Self-employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of federal return)  2. Self-employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of federal return)  3. Employee business expenses (See instructions and attach copy of federal Form 2106)  3. Semployee business expenses (See instructions and attach copy of federal Form 2106)  3. Semployee business expenses (See instructions and attach copy of federal Form 2106)  3. Semployee business expenses (See instructions and attach copy of federal Form 2106)  3. Semployee business expenses (See instructions and attach copy of federal Form 2106)  4. Moving expenses (Into Lansing area only) (Attach copy of federal Form 3903)  5. Allmony paid (Do NOT INCLUDE CHILD SUPPORT. Attach copy of page 1 of federal return)  5. Common Page 1, Into Page 1 of Page 1 of Federal Form 3903)  7. Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)  7. Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)  7. ADDRESS SCHEDULE (Where taxpayer (T), spouse (S) or both (B) resided during year and dates of residency)  MARK Lattice (Included Child Supplement of Page 1 of Page	10.																	.00				
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2. Self-employed SEP, SIMPLE and qualified plans. (Attach copy of page 1 of federal return) 2	DED	UCTIO	NS S	SCF	HEDUL	E (Se	ee instructions	; deduct	tions allo	cated c	on the s	an	ne basis as	s relate	ed ir	ncom	e)	D	EDUC	IONS		
3. Employee business expenses (See instructions and attach copy of federal Form 2106)  4. Moving expenses (Into Lansing area only) (Attach copy of federal Form 3903)  5. Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of page 1 of federal return)  5. O.C.  6. Renaissance Zone deduction (Attach Schedule RZ OF 1040)  7. Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)  7. Total deductions (Add line 1 through line 6, enter total here and on page 1, line 19)  7. ADDRESS SCHEDULE (Where taxpayer (T), spouse (S) or both (B) resided during year and dates of residency)  MARK T, S, B  List all residence (bornicalle) addresses (holducible), state & zip code), State with address used on last year's return. If the address on page 1 of this return is in care of another person, enter current residence (domicile) addresses. If addresse listed on page 1 of this return is in care of another person, enter current residence (domicile) addresses.  FROM TO TO THIRD PARTY DESIGNEE  Do you want to allow another person to discuss this return with the income Tax Office?  Phone Phone Personal identification number (PIN)  Linder the penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which prepare has any knowledge.  SIGN TAXPAYERS SIGNATURE - If joint return, both spouses must sign Date (MM/DDYY) Spouse's occupation  1. Date (MM/DDYY) Spouse's occupation  1. Date (MM/DDYY) Prin, Ein or SSN Preparer's phone no.  1. NACT'P Software  1. NACT'P Software	1. IF	RA deduction	n (Atta	ach c	opy of pag	ge 1 of fe	ederal return & evider	nce of paym	nent)								1				.00	
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Do you want to allow another person to discuss this return with the Income Tax Office?  Phone No.  Under the penalty of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge.  SIGN TAXPAYER'S SIGNATURE - If joint return, both spouses must sign Date (MM/DD/YY)  Taxpayer's occupation  Date (MM/DD/YY)  Spouse's occupation  Date (MM/DD/YY)  Spouse's occupation  Date (MM/DD/YY)  FIRM'S NAME (or yours if self-employed), ADDRESS AND ZIP CODE  NACTP Software  LNS 15																						
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